

PROFILE DATA
GME/NON PHYSICIAN HEALTH CARE PROVIDER

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting, and disbursing for official information. SSN is used to maintain a numerical identification system for individuals.

ROUTINE USE(S): To positively identify individuals assigned to the facility.

DISCLOSURE: Voluntary, however, failure to furnish information requested may result in total or partial denial of accesses

Name:(last/first /middle)

Maiden Name

SSN:

- -

Sex:

DOB (eg 21JAN1950)

RANK:

Duty Phone:

Duty Position:

Clinical Ward:

Department: Medical Education -GME

Clinical Supervisor/ Physician Preceptor:

Supervisor's Name

Require Supervising Provider:(please INITIAL): Yes_____ No_____

The above individual will use the following (please INITIAL one or both)

CHCS I _____

AHLTA _____

Please include the name of another non-provider in your clinic that already has this access, and that the above non-provider should 'mirror'.

First Name

Last Name

Remarks

WAMC FORM 2711, 01 DEC 10 (MCXC-COD)

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